

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |  |  |  |
|--|--|--|--|
| 1 Date of Request: <u>2-21-02</u>  |  | 2 Serial/Patent # <u>09/913684</u>                 |  |
| 3 Please refund the following fee(s):  |  | 4 PAPER NUMBER                                     | 5 DATE FILED   |
| <input checked="" type="checkbox"/> Filing   |  | 1  | 16 AUG 01  |
| <input type="checkbox"/> Amendment   |  |  | \$ 85.00   |
| <input type="checkbox"/> Extension of Time   |  |  | \$   |
| <input type="checkbox"/> Notice of Appeal/Appeal   |  |  | \$   |
| <input type="checkbox"/> Petition  |  |  | \$   |
| <input type="checkbox"/> Issue   |  |  | \$   |
| <input type="checkbox"/> Cert of Correction/Terminal Disc.                               |  |  | \$   |
| <input type="checkbox"/> Maintenance   |  |  | \$   |
| <input type="checkbox"/> Assignment  |  |  | \$   |
| <input type="checkbox"/> Other   |  |  | \$   |
|  |  | 7 TOTAL AMOUNT OF REFUND                           |  |
|  |  | \$ 85  |  |
| 10 REASON:   |  | 8 TO BE REFUNDED BY:                               |  |
| <input checked="" type="checkbox"/> Overpayment  |  | <input checked="" type="checkbox"/> Treasury Check |  |
| <input type="checkbox"/> Duplicate Payment   |  | Credit Deposit A/C #:                              |  |
| <input type="checkbox"/> No Fee Due (Explanation):                                       |  | 9  | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> </div> |
| <u>KAT HELEN A. TYRELL</u><br><u>64 E. MAIN STREET</u><br><u>MARLOW NEW JERSEY 08053</u> |  |  |  |
| 11 REFUND REQUESTED BY: <u>Nancy Wilson</u>  |  |  |  |
| TYPED/PRINTED NAME: _____  |  | TITLE: <u>Paralegal</u>                            |  |
| SIGNATURE: _____   |  | PHONE: _____                                       |  |
| OFFICE: _____  |  |  |  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****                                    |  |  |  |
| APPROVED: <u>Harvey Phillips</u>   |  | DATE: <u>2-21-02</u>                               |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

**09/913684**

**CLAIMS AS FILED - PART I**

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 19 minus 20= | *            |
| INDEPENDENT CLAIMS  | 1 minus 3 =  | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|             | (Column 1)  | (Column 2)                         | (Column 3)    |
|-------------|---|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | Minus                              | **            |
|             | Independent   | Minus                              | ***           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

|             | (Column 1)  | (Column 2)                         | (Column 3)    |
|-------------|---|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | Minus                              | **            |
|             | Independent   | Minus                              | ***           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

|             | (Column 1)  | (Column 2)                         | (Column 3)    |
|-------------|---|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | Minus                              | **            |
|             | Independent   | Minus                              | ***           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE |
|-----------|-----|
| BASIC FEE | 345 |
| X\$ 9=    |     |
| X40=      |     |
| +135=     |     |
| TOTAL     | 345 |

| RATE      | FEE |
|-----------|-----|
| BASIC FEE |     |
| X\$18=    |     |
| X80=      |     |
| +270=     |     |
| TOTAL     |     |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |